12.1 INTRODUCTION
In this chapter this researcher has tried to explain the major findings on the scenario of morbidity and healthcare facilities of the district of Howrah; and on the basis of the major findings, testing and interpretation of the hypotheses already constructed have been done. Besides, some suggestions have been made as part of the concluding observations.

12.2 TESTING AND INTERPRETATION OF HYPOTHESES

HYPOTHESIS-1: "Most of the rural population in the district of Howrah are less conscious than the urban population in using latrine attached with the households". The hypothesis is rejected as 65.14% of the rural households are covered with latrine facilities. Thus, it can not be said that most of the rural households are not conscious of open defecation; contrarily it can be said that most of the rural population of the district are conscious of using household latrine. Although, nearly 35% of the households still have the practice of open defecation. On the other hand, most of the urban population of the HMC, Bally, Uluberia Municipality and other census towns of the district are more conscious about the ill effect of open defecation and they have the practice of house latrine. Only the poor people of the slums and shanty areas of Tikiapara in HMC areas practice open defecation beside the South Eastern railway line. Hence, there were some differences in the status of household latrine facilities between rural and urban areas of the district. On the other hand, so far as the success of Total Sanitation Campaign (TSC) is concerned it is evident that the achievement rate of TSC is more than 94% in all of the rural police stations. Even four police stations like Shyampur, Domjur, Uluberia and Bagnan have achieved more than 100% in respect of TSC. In Sub-Region level, great disparity exists among the police stations of the district in respect of household latrine. Sanitation coverage varies from only 25.28% households in Lilua (including part of Bally) to the maximum of 75.50% rural households in Shyampur. It is somehow astonishing, as rural PS Shyampur has better performance in TSC than semi-urban PS of Lilua (with Bally), as in the year of 2008. Thus, it is very clear that some people of the
rural areas were less conscious of sanitation than the urban people, but not most of the rural people. Hence, this hypothesis is rejected.

❖ HYPOTHESIS-2: "There is significant decrease in mortality from major epidemics like Malaria, Cholera, TB, Plague, Diarrhoea and Dysentery due to implementation of different health programmes".

Before the Independence of India malaria, cholera, TB, plague, diarrhoea, dysentery etc. played very crucial role in the mortality of the people of Howrah district. Even just after the Independence i.e. during 1951 and 1961, all of these diseases were deadly for the people. About 7000 persons died of these deadly diseases in the district. With the passage of time the intensity and mortality from these diseases in the district as whole was reduced significantly. Since 1951, the Government of India has implemented many health programmes for the control and eradication of these deadly diseases. National Malaria Eradication Programme, National Filaria Control Programme, National Tuberculosis Programme, Universal Immunization Programme, Family Welfare Programme, Reproductive and Child Health Programme, National Rural Health Mission etc have been implemented in the country. Since then most of the deadly diseases of the district have lost their intensity. The study clearly indicates that typhoid, enteric and other diseases, cholera, small pox, respiratory diseases, malaria, kala-azar, pulmonary TB, birth injury, snake bite, and suicide which had posed serious threat to the people of the district in the post Independent India, have been under control now, and at present they are not dangerous for the people of the district. Many new diseases, however, started to play some role in mortality of the people and the old diseases like malaria, cholera, TB, plague, diarrhoea, dysentery etc. are not so dreadful to the people of the district. Hence this hypothesis is accepted.

❖ HYPOTHESIS-3: "There is no significant relationship of literacy rate and birth rate, literacy rate and infant mortality rate, and literacy rate and maternal mortality ratio in the district". There are three parts in this hypothesis. The first part i.e. 'no significant relation between female literacy and birth rate' has been rejected. This means that literacy rate has great influence on the birth rate. Thus, it indicates that female literacy has played very positive role in the reduction of birth rate in the district. Generally literate females are more conscious about the burden of higher family size and they like to adopt different family welfare methods. In Howrah district the success rate of using oral pill, nirodh, IUD was quite well due to the increase of female
Thus, female literacy has led to the reduction of birth rate in the district. Hence, the first part of this hypothesis is rejected. On the other hand, the second and third part of this null hypothesis i.e. ‘no significant relation between female literacy rate and infant mortality rate’ and “no significant relation between female literacy and maternal mortality ratio” respectively has been accepted. This means that female literacy did not influence the IMR and MMR in the district of Howrah. In general higher female literacy is favourable for the reduction of IMR and MMR. This means higher literacy rate increase the awareness of the people about the health of the children and thereby contributed the reduction of the infant mortality ratio. But in the present study it is seen that female literacy rate alone had no role in the lowering of the IMR and MMR in the district of Howrah. Hence, the hypothesis is accepted.

HYPOTHESIS-4: “There is significant level of disparities among the police stations regarding healthcare facilities in the various decades”.

The study reveals that in 1951, the development of healthcare was uneven and the police stations located near the industrial and urban areas of north eastern part of the district were very highly developed while the PSs like Shyampur, Bagnan, Uluberia and Bawria were very poor as they are located in the remote areas in respect of industrial and urban parts of Howrah. Due to high population pressure Howrah city never became the most developed region of healthcare. The rest of the areas were moderate to highly develop. In the next decade (1960s) the level of development slightly deteriorated as most of the PSs (6 in number) were very poor in regard to healthcare development. The same pattern of regional disparity prevailed in the district. The police stations of north and north eastern parts were developed. In 1971 Uluberia and Bagnan PS were marked with well development of healthcare facilities. Still five PSs were very poor especially in Shyampur where agriculture is the mainstay in remote location. Almost the same pattern of development continued. In 1981 Bagnan continued to remain the most developed but the overall scenario deteriorated as seven PSs were very poorly developed in the district. In 1991 the trend of development of healthcare facilities was downward as no PS was highly developed and most of the PSs were moderate to very poorly developed. In 2001, most of the police stations of the district were characterized by some development of healthcare facilities. Regional disparity was very much high and the western part of the district, particularly the areas far away from north eastern industrial and urban areas were very poor.
in healthcare development. In 2004, Howrah Municipal Corporation (HMC) ranked the first in respect of healthcare facilities. This was followed by Bally. On the other hand, Bawria ranked the lowest (14th) indicating very high disparity of healthcare facilities among the police stations of Howrah district. Thus, this hypothesis has been accepted. This clearly indicates that significant level of disparity had been prevailing in the different police stations of Howrah district in all of the decades in respect of healthcare development.

◊ HYPOTHESIS-5: 
"There is no significant relationship between healthcare facilities and urbanization, population density, and number of population in 1951 and 2001". The null hypothesis has been rejected. Hence, it is obvious that in 1951 level of urbanization, population number and population density had positive relation with the healthcare facilities in the district although the correlation was not strong, indicating the healthcare facilities was very much unplanned and not distributed for the betterment of the people. The situation improved with the passage of time as the healthcare facilities were provided as per the population number and density which is the standard demand for the attainment of ‘Health for All’. Urbanization also played positive role in the development of healthcare facilities in the district in this year, but total population and population density played more positive role in this regard and drew more healthcare facilities for the people. Thus, in 2001 total number of population, population density and urbanization played more positive role for the healthcare development of the district. It is noticed that the police stations located in the western and southern parts of the district was poor in comparison with the highly urbanized parts as well as highly populated areas of the north eastern parts of the district. Lilua, Bally, Uluberia, Sankrail, HMC, Domjur were highly to moderately developed in respect of healthcare services. On the other hand, Shyampur, Joypur, Udaynarayanpur, Amta and Jagathballavpur were lagging behind due to their remote location and rural character.

◊ HYPOTHESIS-6: 
"The district has currently achieved significant improvements in vital statistics such as birth rate, infant mortality rate and maternal mortality ratio although sub-regional disparity is high". The hypothesis is accepted. The birth rate (BR) was 19.44 in Howrah district in the year of 2005-06. This is a much better situation of healthcare facilities in comparison with the national birth rate of 25.00 in 2002. This is a very favourable index, as Howrah district has achieved the target of 23.00 in the Ninth Plan and 21.00 in the National Population Policy,
2000. This is very good achievement of the district as the district has performed better in comparison to the national standard. Due to implementation of the family welfare programme the consciousness among the people of the district increased for the small family and happy family. With the passage of time, especially since 1981 the couple protection rate had been increasing in the district due to the increase of use of different contraceptive methods. This had in turn reduced the birth rate in the district. There was, however, great disparity of estimated birthrate in the different PSs of the district as indicated from the range (Table- 8.14) that varied from 22.41 in Uluberia to 15.14 in Lilua PS (excluding Bally NM).

Out of 11 police stations (PS) (as data were not available for the two PSs) of the district of Howrah, six PSs were above the district rate. Bagampa, Joypur, Shyampur, Uluberia, Panchla and Jagatballavpur had slightly higher BR than the district BR but no PS crossed the national birth rate of 25.00. However, Uluberia (excluding Uluberia Municipality) and Panchla had slightly above BR compared to the national target of 21.00 of National Population Policy, 2000. On the other hand, five PSs like Lilua (including Bally NM), Sankrail, Domjur, Udaynarayanpur and Amta exhibited slightly better birth rate, lower than the district rate of 19.44.

In the year 2007-08, in the district of Howrah as whole, the IMR was 16.0 which reflects quite better situation of the children in comparison with the national target of 30. Due to increase of PHC, SC and RH in the rural areas of the district IMR was reduced considerably. IMR was very much uneven in the different PSs of the district. The highest IMR was found in Uluberia PS (24.45) while the lowest IMR was registered in Udaynarayanpur PS (6.33). In this year five PSs have higher IMR than that of the district average IMR of 16. These five PSs were Lilua, Domjur, Shyampur, Uluberia and Howrah MC showing comparatively poorer perinatal care. On the other hand, the rest of the PSs had lower IMR than the district average indicating better situation. This is the indication of very high disparity of the IMR among the PSs of the district.

In the year 2007-08, in the district as whole, MMR was 93.60, which was below the national target of 100 as well as far below the expected level of MMR of Howrah district. The MMR was within the limit in Howrah and reflected the better healthcare facilities of the district, especially in maternal healthcare. MMR was very unevenly distributed from 142.48 in Sankrail PS to 0.00 in Howrah MC. Thus, this is obvious that a very strong disparity was
prevailing in the different PSs of the district with regard to MMR. In five PSs of the district such as Amta, Joypur, Jagatballavpur, Panchla and Uluberia, MMR was the same as of the expected MMR indicating that maternal healthcare facilities in these PSs were up to the requirements of the mothers In three PSs of the district namely Howrah MC, Udaynarayanpur and Bagnan exhibited lower MMR than expected MMR indicating that maternal healthcare facilities were better than the required standard. In four PSs of the district such as Domjur, Lilua, Sankrail and Shyampur, the reported MMR was quite higher than the expected MMR reflecting the poor maternal healthcare services there. Thus the hypothesis is accepted, as the district has currently achieved significant improvement in vital statistics such as birth rate, infant mortality rate and maternal mortality ratio although the sub-regional disparity is high.

♦ HYPOTHESIS-7: “The district has currently achieved significant betterment in living conditions like safe drinking water (SDW) and household sanitation coverage although sub-regional disparity is high”. The hypothesis has been rejected. In Howrah district, as a whole, each spot source was found to serve water for 425 persons, on the average, which was far below the standard norm of 250. This means that Tube Well (TW) could not serve all of the people of the district properly, or other means have been getting more importance in the district. Sub-region pattern of spot source (SS) serving population exhibited very high disparity which varied from 2190 persons/SS in Lilua to only 213 persons/SS in Udaynarayanpur where TW was the only source of water. In the year of 2005-06, only two PSs of the district such as Udaynarayanpur and Joypur had fulfilled the norm of 250 persons served /SS and the rest of the PSs were far below the standard norm.

This is also observed from the study that in the year of 2007 (April) there were 1801 inhabited settlements in the district of Howrah. Out of these habitations, 1056 accounting 58.63% of all were “fully covered” through Pipe Line and TW facilities. But, the district has been lagging far behind the state level achievement of 80.09% ‘fully coverage’ during the same period. Thus, coverage of the habitations with Safe Drinking Water (SDW) was not good enough in comparison with the state level coverage. 726 habitations (40.31%) of the district were ‘partially covered’ with the safe water facilities. This was higher than corresponding state level figure of only 13.95%. Only 19, occupying 1.05% of all habitations of the district, were ‘not covered’ with safe water facilities indicating quite satisfactory
formance in providing SDW in the district. In 2007, Water Supply Scheme covered 17,15,000 population in Howrah district which occupied only 3.39% of the total coverage of 5,05,54,000 population in West Bengal indicating poorer performance of the district in this regard.

In the district, Howrah Zilla Parishad, through the Total Sanitation Campaign (TSC) approved 325198 households to build their own latrine facilities. Targets have been achieved within the month of May, 2008 and extra households have been included in this programme. Since the inception of TSC a total of 334535 families of the district constructed latrine system within their houses. Thus, it is obvious that the district has registered more than 100% achievement in sanitation campaign up to May, 2008. This is very good for the public health. Whenever the total households of the district are considered the scenario of achievement of sanitation changed to some extent. Excluding the three big Municipalities of Howrah, Bally and Uluberia where latrines in house were common, the total number of households in the district was 514287 in 2001. Thus, the district has achieved moderately in total sanitation campaign because 65.14% of the households were covered with latrine facilities and still nearly 35% of the households have the practice of open defecation (up to May of 2008). In Sub-Region level, great disparity exists among the police stations in respect of household latrine. Sanitation coverage varied from only 25.28% households in Lilua (including part of Bally) to the maximum of 75.50% rural households in Shyampur. Thus, the hypothesis has been rejected as the district has achieved moderately in sanitation and SDW facilities for the public.

**HYPOTHESIS-8:** "The district has currently achieved significant improvement in universal immunisation programme and family welfare programme although sub-regional disparity is high". The hypothesis is rejected as 14% children of the district as whole were still not fully immunized. In 2007-08, the district showed progress of UIP. 67299 children constituting 85.99% of Expected Level of Achievement (ELA) of 78624 were fully immunized in this year. This means yet 14% children of the target were not fully immunized. This provides ample evidence that Howrah district had not registered significant progress in the immunization of the children. There was disparity of the immunization between rural and urban areas of the district. 74.46% of the total immunized children of the district belonged to rural areas while 25.54% belonged to urban areas. The rural people fully depend on government institutions.
for receiving all vaccines, thus increasing the number; while in urban areas many people receive vaccines from private doctors which were not registered in the government records and sometimes gave wrong impression of lower immunization. There was a very high disparity among the PSs of the district in regard to number of fully immunized children in the year 2007-08. According to the data of Office of the Chief Medical Officer of Health (CMOH) of Howrah, the number of fully immunized children was the highest in Howrah MC where 9589 were fully immunized accounting 14.25% of total cases of the district. On the other hand, the number of such children was the lowest in Bally PS where only 872 received all vaccines occupying only 1.30% of the district.

The district had achieved well in respect of Family Welfare Programme as achievement rate was more than 93% of ELA in use of oral pill, intra uterine device and nirodh, though sterilization was poor as the success rate was below 50%. Hence it is evident from low success rate in sterilization that the district had achieved good level in family welfare programme but the achievement was not significant. Even more than 4000 pregnant adopted medical termination of pregnancy to control birth throughout the district in 2007-08. Disparity is high among police stations regarding the number of use of different family planning methods. There was no fixed pattern of the distribution of users of oral pill, nirodh, IUD, tubectomy and vasectomy. Different PSs had different shares in respect of district total in using those methods. In the year 2007-08, the number of users of contraceptives was 121013. Most of these persons adopted oral pill (46.61%). This was followed by conventional contraceptives (CC) that was used by 41.03% eligible persons. 5.43% persons adopted sterilization as the family planning method. In this year, MTP (3.62%) superseded IUD (3.30%) use in the district.

♦ HYPOTHESIS-9: “The district has currently achieved significant improvement in safe delivery but sub-regional disparity is high”. The hypothesis has been accepted as 90.76% of the deliveries in the district of Howrah were safe in the year 2007-08. The total number of delivery in Howrah district was 63584. Of these deliveries, 74.97% were institutional registering 47670 cases. This improvement had been possible in Howrah district as a large number of pregnant mothers had carried out deliveries in health institutions like Hospitals, BPHCs, PHCs. On the other hand, 25.03% deliveries numbering 15914 were carried out at home. 63.08% of deliveries at home (10038 cases) were performed under the guidance of trained health
personnel. Hence, these deliveries were safe. 36.92% (5876 cases) of the deliveries at home were performed by untrained birth attendant (local Dai). These deliveries were not safe and hence mothers and children were vulnerable to deaths or loss of any part of body. It is seen that traditional dai has been still playing a vital role in the delivery of pregnant women in the rural areas of the district. It is evident from the data that 47670 institutional deliveries and 10038 deliveries at home performed under trained health personnel were safe. It comprised 90.76% of the total deliveries of the district in 2007-08. Thus, 90.75% deliveries were safe in the district which was a significant improvement of safe delivery in the district.

Police station-wise variation of the institutional deliveries was not registered in the district. Hence sub-regional variation of the same has been determined on the basis of different hospital records. Out of these total institutional deliveries, 68.24% were performed in the government health institutions and 31.76% (15139) deliveries were done in private nursing homes.

Of all 47670 institutional deliveries of the district, the maximum deliveries were carried out in the nursing homes/NGOs/other private sectors where 31.76% (15139) deliveries were performed. It is followed by Howrah District/Uluberia Sub-divisional Hospitals where 30.93% (14746) deliveries were done. BPHC/PHC/RH registered 13.32% deliveries (6352) in the district. 7.06% deliveries were performed in the First Referral Units (FRU) of the district. Even in the Sub-Centres of the district some deliveries (0.08%) took place. The rest 16.85% deliveries were done in the state owned public institutions.

It is found that, most of the people of the district depend on Howrah District Hospital or Uluberia Sub-divisional Hospital for the deliveries of pregnant women, but BPHC/PHC/RH are also playing a vital role in this regard. Thus, the hypothesis has been accepted.

12.3 MAJOR FINDINGS AND CONCLUSIONS OF THE STUDY

The study clearly indicates that typhoid, enteric and other diseases, cholera, small pox, respiratory diseases, malaria, kala-azar, pulmonary TB, birth injury, snake bite, and suicide posed serious threat to the people of the district after the Independence of India. But with the passage of time these diseases had been under control and now they are not so dangerous for the people of the district. In the first decade of the 21st century, Japanese encephalitis, dengue, kala-azar, malaria, acute respiratory infection, diarrhoeal diseases,
tuberculosis and HIV-AIDS emerges as the major diseases in the district, but these are under control and take less number of lives though attack many people. Thus, the district has achieved well development in healthcare facilities to control the diseases.

A very good progress of healthcare facilities in the district has been found since 1950 (Table-12.1). But, the current development is not up to the mark because in 2001 nearly 45% of the villages had no medical facilities and more than 30% of rural population was not served by such facilities. The district had experienced good development in respect of health personnel like doctors in the government sector, registered medical practitioners and health worker. In respect of health personnel, the district was in nearly standard position but sub-regional disparity was high. The health infrastructures like sub-centre, dispensary, hospital, bed facilities and primary health centres were well developed though police station-wise variation was quite high. Based on three parameters such as bed occupancy rate, bed turnover rate and emergency admission rate, it is found that referral healthcare system in Howrah district was not overloaded and operating with a proportion of slack which is favourable for public health. West Bengal government, through Howrah Zilla Parishad, had taken some steps to establish and upgrade sub-centres and upgrade Amta BPHC into rural hospital. Other 5 BPHCs are also proposed to be upgraded.

In Howrah district the achievement of health, in 2007-08, was quite well, as a large section of population depend on different government health institutions like Hospitals, Primary Health Centres, Sub-Centres, and Dispensaries for curative services.

In case of universal immunization, the district had shown well development as nearly 90% of children of ELA received six different vaccines. The district had achieved well in respect of Family Welfare Programmes as the achievement rate was more than 93% of ELA in use of oral pill, intra uterine device and nirodh, although sterilization was poor. Even more than 4000 pregnant adopted medical termination of pregnancy to control birth.

Current birth rate, infant mortality rate, maternal mortality ratio in the district is lower than the national rate; however, police station-wise variation is high.

In Howrah district, current institutional delivery is high in the different Hospitals, Block Primary Health Centres, Primary Health Centres, though strong disparity exists among the different institutions.
In Howrah, all the villages are now covered by safe drinking water through tube well (TW); and recently pipe (tape) water is being provided in 40% of the villages. The district has achieved moderately in total sanitation campaign because 65.14% of the households are presently covered with latrine facilities although nearly 35% households still have the practice of open defecation. Thus, it may be concluded that currently Howrah district has achieved well in overall health.

The district has achieved moderate to well in maternal and child health because 75% of the deliveries are now safe in the district. 62% couple protection rate indicates that couples are protected from HIV-AIDS. So far a large number of children have been immunized in the district.

However, the total health achievements of the district of Howrah during the recent times, as well as the level of health achievements have been compared with the standard norm (Table -12.1 in Appendix -2).

12.4 SUGGESTIONS

There are many areas of the health, in the district, which should be developed to provide healthcare facilities to all of the people of the district and to lower the morbidity of the public to reach the national target of "Health for All". The recommendations are as follows.

* All of the 727 villages of the district should be provided with at least one health service to serve all (100%) people of the district. The same should be provided at least within 2 kms from the villages if it is not possible to provide medical facilities in all villages of the district. Small villages many of which have no medical facilities should be provided with the same as soon as possible.

* Each doctor at government sector has to serve 7860 population instead of 3500. Hence in total 1380 doctors (based on 2010 estimated population) should be deployed in the district as whole as par the standard norm, though only 568 (41.59% of requirements) are now working in it.

* Each Rural Medical Practitioners serve 7314 population which is too much higher than the requirements of 1000 population. Hence steps should be taken to increase the number of Rural MP so that all villages can get at least one Rural MP in the district.
• Health Workers should be deployed at least 50% of the villages in the district because at present only 34.25% villages have the same.
• Dispensary Facilities should be provided in at least 50% of the villages in the district because at present only 22.28% villages have the same. Besides, the number of dispensaries should be increased adequately in the different PSs so that each of them serves 1000 population instead of a huge 5062 at present.
• On the basis of estimated population of 2010 still 25 more Sub-Centres should be established in the district to fulfill the standard norm of serving 5000 population by each of them. Hence total number of SCs in the district should be 473 instead of 448 at present.
• Police station-wise variation of hospital facilities and workload on bed (population served per bed) should be minimized as far as possible in short time, though in the district as a whole, both of these facilities are satisfactory as per the standard norm of requirements. Yet Rural Hospital should be built in Shyampur, Joypur and Amta police stations for providing better curative services.
• Regarding the number of necessary PHC the district has reached the moderate level of development. Hence, another 33 PHCs should be established in district to serve the people properly as per the standard norm of 30000 populations served per PHC. Thus, the total number of PHCs in the district, as a whole, should be 76 according to estimated population of 2010, instead of 43 at present.
• The over all achievement of Universal Immunization Programme in the district is good, although 14% of the children targeted for the full immunization are still deprived from the same in the district. This is very much vulnerable for health of the children of the district. All of the people should be made more conscious about the necessity of the vaccines for the child health through adequate IEC activities through posters, banners, hoardings, group meetings with parents, religious leaders etc.
• The over all achievement of Family Welfare Programme in the district as whole is almost satisfactory. Yet the achievement of sterilization is far below the target i.e. 48.70% achievement. The females of the district should be made more aware of the importance of sterilization in family planning and welfare through IEC activities. Besides, use of IUD and Oral Pill as contraceptive method of family control should be raised to cent percent by the same way.
The percentage of 'Eligible Couples' using modern family planning methods is very poor registering only 48.8% which is very strong hindrance to Family Welfare Programme in the district. All of the couple should be made aware of using modern family planning methods through ANMs, HWs at village level so that this rate is raised to be at least 80% immediately and cent percent later on.

- Couple Protection Rate (CPR) is still low in the district registering only 62% which ultimately leads to increase the sex related diseases like STD/STI in the different PSs of the district. Consciousness should be aroused through mass media among the people of the district especially among the females.

- Maternal Mortality Ratio (MMR) in the rural areas of the district is 111.79 which is considerably higher than the national target of 100. To lower the MMR in the rural areas of the district Rural Hospitals, BPHCs, PHCs and SCs should be furnished with modern equipments and adequate health personnel as per the standard norm.

- The overall Maternal and Child Health (MCH) is characterized by moderate level of development as Ante Natal Care (ANC) and Institutional Delivery attained more than 75% success rate in the district. Yet, nearly 25% mother and children are in vulnerable condition. By providing more incentives and through IEC activities ANC (at least 3 or more) and Institutional Delivery should be made more popular among the people of the district so that cent percent success becomes possible. Delivery at home should be highly discouraged.

The study finally indicates that strong sub-regional disparity exists in the district with respect to different health indicators which is unfavourable for the proper health development and reduction of morbidity of the people. Besides, rural-urban imbalance regarding the development of healthcare facilities of the district is also prominent.

It may be inferred that Department of Health of the district and Howrah Zilla Parishad have a great role to play in taking proper measures so that the healthcare facilities of the district may be improved to the standard level and morbidity be reduced especially in the rural areas of it.